Туре в	plus	sion	(+	١	Inside	this	box	- Þ	1
i jpo u	pius	213.1	١.	,	,,,,,,,,,				1 75

PTO/SB/01 (4-96) Approved for use through 9/30/98 OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Attorney Docket Number	
First Named Inventor	I, GINS BURGH
COMPLET	E IF KNOWN
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	
	First Named Inventor  COMPLET Application Number  Filling Date  Group Art Unit

As a below named invent	or, I hereby deci	are that:	<del></del>				
My residence, post office ac	idress, and citize	nship are as stated below n	ext to my name.				
below) of the aublect matter	which is claimed	ntor (if only one name is listed and for which a patent is s	ought on the invention (	entitled :			
CO20 EN	RICHE	D & OW, AN	D VERY	LOWY	11POR PR	ESSURE	
	Hov	ID HYDRUC	DRBON F	=UE L5			
the specification of which		(Title of the In-	rention)				
is attached hereto OR was filed on (MM/DD	omm [12	1/18/01	as Unite	ed States Applicat	ion Number or PCT	international	
Application Number		and was amer	nded on (MM/DD/YYY)	n		(if applicable)	
amendment specifically re	ferred to above.	terstand the contents of the tion which is material to pate.  Title 35, United States Cod.	entability as defined in 1	Tille 37 Code of F	ederal Regulations.	§1.50.	
continuate, or §365 (a) of an below and have also identifi	y PCT Internation led below, by che	nal application which design coling the box, any foreign a the application on which pri	ated at least one count application for patent or	ry other than the '	United States of Ame	NICE, USIOC	
Prior Foreign Application Humber(s)		Country	Foreign Filing Date (MM/DD/YYYY)				
				00000	00000	00000	
Additional foreign applic	ation numbers ar	o listed on a supplemental p	priority sheet attached i	hereto:			
I hereby claim the benefit i	under Tille 35, Ur	nited States Code 5 119(e) o	f any United States pro	visional application	on(s) listed below.		
Application Number(s) F		Filing Date (MM/		provisional application(s) listed below.  Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

flurden flour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and TrademarkOffice, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

PTO/SB/01 (4-96)
Approved for use through 9/30/98 OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+ ) Inside this box -▶

**DECLARATION FOR** 

**UTILITY OR DESIGN** 

PATENT APPLICATION

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Attorney Docket Number

First Named Inventor I. GINSBURGH

COMPLETE IF KNOWN

		Filing Date				
1 1621	Declaration	Group Art Unit				
	Submilted after Initial Filing	Examiner Nam	10			
As a below named inventor, I here	by declare that:		·		<u> </u>	
My residence, post office address, an	d citizenship are as stated	below next to my nan	ne.			
I believe I am the original, first and so below) of the subject matter which is					ventor (if plural nank	es are fisted
	CHED LOW				APOR PRE	SSURE
	LIQUID					
the specification of which	(Title o	of the invention)				
is attached hereto						
OR		<del>,</del> -	as United	States Applica	tion Number or PCT	International
was filed on (MM/DD/YYYY)	12-18-0				<u></u>	<del></del>
<b>-</b>		•				<u>-</u>
Application Number	and w	vas amended ចំព (MM/ ធិ	מסמאאססי	L		(if applicable)
I hereby state that I have reviewed a amendment specifically referred to	shows 1	•0	ice specific	ation, including	the claims, as amen	ded by any
I acknowledge the duty to disclose in	Just	U Julia al to patentability as d	ofined in Til	#G No 37 Code of F	Federal Regulations.	§1.56.
I hereby claim foreign priority benefits		<u></u>	<del>-, , , , , , , , , , , , , , , , , , , </del>		·····	
critificate, or §365 (a) of any PCT Intelled below and have also identified below, application having a filing data before	emational application which by checking the box, any t	n designated at least of foreign application for	one country patent or it	other than the	United States of Am	orics, listed
Prior Foreign Application Number(s)	Country	Foreign Fli (MM/DD		Priority Not Claimed	Certified Cop	•
estation(e)		(mmu)			YES	NO
			]	님	H	
			1			頁
		1		님		님
				L.	<u> </u>	
Additional foreign application num						
I hereby claim the benefit under Title  Application Number(s)	<del></del>		otates provi			
bhireanni traitina((2)		• (MM/DD/YYYY)		applica applica	onal provisional ation numbers	
60/256644	12/20	100			ted on a emental priority	
				• • •	atlached hereto.	

**Application Number** 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and TrademarkOffice, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

										_
Type	-	-6		1.	٠	11-1-				
1706	u	Ditta	MUII	17	1	maxie	me	m	-	

## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Nan	re of	Additi	onal Joint Inventor, i	A petition has been filed for this unsigned inventor									
Given Name			LYDE	Middle Inklai	4	Name TICHENOR Sumx e.g. Jr.							
invent Signa			Chyle L	Ti	The	w	Ն			Date	12-	18-0	2/
Resid	ence:	City	SOM (	( )	1	Country	ntry USA Citizenship US				\$		
Post (	Office .	Address	647	Cun	16r	EK	d			<del></del>	•		
Post (	Office	Address				т		<del></del>			lan	plicant	
City			OMIS	State	CA	Zip		066				thority	
Nar	ne of	Addit	ional Joint Inventor,	if any:	<u></u>	A	1				signed inven		
Given Name		D	APRELL	Middle Initial	ا. ا	Family Name	M	ETC	AL	- [ ·		Suffix e.g. Jr.	<del></del>
Invent Signa			(Vane D)			·	<del></del>			Date	12-	18-0	
Resid	ence:	City	FILMORE	}	State	CA		Country	U	SA	Citizensh	ip U	S A
Post (	Office	Address	905 1	V.	Cak		1vE.				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u></u>
Post (	Post Office Address'												
City			Imore.	State	CA	ΖΊρ		212	Count			pplicant uthority	
Na	me o	i Addi	tional Joint Inventor,	if any:		<u>, LLL</u>	petition	nas peen	med to	. u.i.s ui	ANGITE HITE	Suffix	ı
Given				Middi		Family	<i>'</i>					e.g. Jr.	l
				Intial		Name				<del> </del>			l
inven Signa	tor's		12.	Intust		INSTITUTE				Date		1	
Signa	tor's	City		Inklai	State	Kame		Country		Date	Citizensi		
Signa	itor's iture fence:	City	5	Initial		Name		Country		Date	Citizensi		
Signa Resid Post	itor's ature fence:			Intlai		Name		Country		Date		nlp	
Resid Post Post City	itor's ature dence:	Addres	3	State		Z1p			Coun	ту		opplicant withouthy	
Resid Post Post City	itor's ature dence:	Addres		State		Zlp	<del></del>			ту		Applicant Authority entor	
Resid Post Post City	office	Addres	3	State	State	Z1p	у			ту		opplicant withouthy	
Resider Post Post Post City Na. Given	office	Addres Addres	3	State if any:	State	Zip Famili	у			ту		upplicant unhority entor	
Residence Post Post City Na. Givenam Investign	office Office Office	Addres	3	State if any:	State	Zip Famili	у		filed for	or this u	insigned inv	Applicant Authority entor Suffix e.g. Jr.	
Post Post City Na Give Nam Inver	office of	Addres	tional Joint Inventor,	State if any:	State	Zip Famili	у	i has been	filed for	try or this u	insigned inv	Applicant Authority entor Suffix e.g. Jr.	
Post Post City Na Inversign Post	office  Office  Office  Office  Office  Office  Office  Office  Office	Addres Addres f Addi	tional Joint Inventor,	State if any:	State	Zip Famili	у	i has been	filed for	or this u	insigned inv	Applicant Authority entor Suffix e.g. Jr.	
Post Post City Na Inversign Post	office	Addres Addres Addres City Addres	tional Joint Inventor,	State if any: Midd Initia	State State State	Zip Famil Name		country	filed for	Date	insigned inv	Applicant Authority entor Suffix e.g. Jr.	

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit:

Serial No.

Filed

: 12-18-01

For

: COZENRICHED LOW, AND USRY LOW, VAPOR

PRESSURE LIQUID HYDROCARBON FUELS

DECLARATION OF FACTS IN SUPPORT OF PETITION TO MAKE SPECIAL BASED ON THE APPLICANT'S AGE

(37 CFR 1.102(c) and MPEP 708.02. IV)

Commissioner of Patents and Trademarks
Washington, D. C. 20231

I, CLYDELTICHENOR

that I am the inventor of the above-identified patent application, that I am 76 years of age;

that the copy of the California driver's license attached hereto is
a true copy of my driver's license and reflects that I am 76
years of age; and

that the copy of the Health Insurance Social Security card attached hereto which cannot be obtained before reaching 65 years of age is a true copy of my card which I received when I was 65 years of age.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date Chy de L Tingenor